FROM: AAAA-BB Date:

SUBJECT: Controversion of COP, James O. Smith, DOI: May 27, 1994

TO: Office of Workers' Compensation Programs

Street Address
City, State Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201(a)2, since the stated disability appears to be the result of an occupational illness rather than a traumatic injury.

In Item 13, Cause of Injury, of the CA-1, Mr. Smith states he was subjected to repeated incidents during the workweek of May 23-27, 1994. Since the cause of injury fails to meet the "single workday or shift" requirement of the FECA for a traumatic injury, his claim for COP has been denied pending adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your earliest consideration of our request is appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

MELVIN A. BROWN
Injury Compensation Program Administrator

- 3 Enclosures
- 1. CA-1
- 2. CA-20
- 3. OWCP 1500

cc: Mr. James O. Smith Supervisor

Figure 810-41. Sample Letter - Occupational Disease vs. Traumatic Injury

FROM: AAAA-BB Date

SUBJECT: Controversion of COP, James O. Smith, DOI-27 May 1994

TO: Office of Workers' Compensation Programs

Street Address

City, State, Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR because he did not report his injury within the 30-day time limitation.

In Item 10 of the Form CA-1, Mr. Smith states the injury occurred on 27 May 1994. In Item 11, however, he states the date of notice as 30 June 1994. The supervisor was not aware of any injury until the notice was filed on the 30 June date. In view of the above facts, his claim for continuation of pay (COP) has been denied pending the adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your early consideration of our request will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

3 Encl

1. CA-1

2. CA-20

3. OWCP-1500

MELVIN A. BROWN

Injury Compensation Program

Administrator

cc:

James O. Smith

Supervisor

Figure 810-42. Sample Controversion Letter - Traumatic Injury Not Reported Within 30-Day Time Period.

FROM: AAAA-BB

Date

SUBJECT: Controversion of COP, James O. Smith, DOI-25 May 1994

TO: Office of Workers' Compensation Programs

Street Address City, State, Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201(a)4 because his work stoppage did not occur within the 90-day time limitation.

Mr. Smith did timely report the injury on Form CA-1; however, he did not obtain medical treatment nor did he lose time from work due to the reported injury until 15 September 1994. Consequently, his claim for COP has been denied pending the adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your early consideration of our request will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

3 Encl

1. CA-1

2. CA-20

3. OWCP-1500

MELVIN A. BROWN

Injury Compensation Program

Administrator

cc:

James O. Smith Supervisor

FROM: AAAA-BB

Date

SUBJECT: Controversion of COP, James O. Smith, DOI-16 May 1994

TO:

Office of Workers' Compensation Programs

Street Address City, State, Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our former employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201, 4c because he did not report (either verbally or written) his alleged injury until after he had been terminated from our employment rolls.

Please note that the Form CA-1, Item 11 shows the date of notice as of 25 May 1994. The termination of Mr. Smith's appointment was 20 May 1994. Accordingly, we have advised Mr. Smith that he is not eligible for continuation of pay. A copy of the SF 50 showing termination of his appointment is attached for your information and records. We request your office confirm our decision by upholding the controversion.

Your early consideration of our request will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

4 Encl

- 1. CA-1
- 2. CA-20
- 3. OWCP-1500
- 4. SF 50

cc:

James O. Smith Supervisor

MELVIN A. BROWN Injury Compensation Program Administrator

FROM: AAAA-BB Date

SUBJECT: Controversion of FECA Claim - James G. Blue, DOI - 3 January 1994

TO: Office of Workers' Compensation Program

Street Address City, State, Zip Code

Dear Claims Examiner:

We request that status of James G. Blue's claim be changed from noncontroverted to controverted for the reasons stated below. According to Mr. Blue's Form CA-1. he sustained a minor contusion to his left ankle while in the performance of duty on 3 January 1994. He accepted treatment at our medical facility, was found fit for duty and returned to work. He worked without incident through 7 January 1994. On 10 January 1994, Mr. Blue contacted this office stating his ankle was still bothering him, requested he be granted COP and authorization to see his private physician, Dr Thomas. Mr. Blue's supervisor issued a Form CA-16 authorizing medical treatment for the ankle injury and mailed it to Dr Thomas the same day. Mr. Blue was subsequently hospitalized for surgery, and as of this date has not returned to duty.

We have carefully reviewed the attached Form CA-16, recent correspondence from Dr Thomas, and the hospital reports. Although Dr Thomas's letter of 11 January 1994 led us to believe that the claimant was being hospitalized for his ankle injury, these attachments indicate otherwise. This evidence shows that Mr. Blue was hospitalized and treated for a health problem unrelated to his ankle injury or to his federal employment. Further, it does not provide reasoned medical opinion of relationship between Mr. Blue's ankle injury to the hospitalization and surgery for "gangrenous appendix."

We believe that Mr. Blue is attempting to abuse the provisions of the FECA and is being aided by his treating physician. Since the attached documentation clearly shows that Mr. Blue's disability is not related to his claimed injury, we request his claim be denied in its entirety.

Thank you for your consideration of our request. If you have any questions, please call me at 614-522-5001.

Sincerely,

3 Encl

1. Form CA-16

2. Dr Thomas's ltr

3. Hospital Records

cc: James G. Blue

MELVIN B. BROWN
Injury Compensation Program
Administrator

FROM: AAAA-BB

Date

SUBJECT: Controversion of FECA Claim - Mary A. Brown, DOI - 3 January 1994

TO:

Office of Workers' Compensation Program

Street Address

City, State, Zip Code

Dear Claims Examiner:

The information contained in the attached Form CA-1 submitted by Ms Mary A. Brown, the supervisor and activity medical officer's statements, and the Form CA-20 indicate that Ms Brown's medical condition is not related to employment factors. Instead, the attachments show that Ms Brown did not incur her injury in the "performance of duty."

According to the documentation, the claimed injury did occur on the employer's premises. However, the time of the incident was 40 minutes prior to the beginning of Ms Brown's work shift, and the act of showering in our government facility was not required in the performance of her duties but for her own personal satisfaction and convenience. Due to a power failure at her home, she was without hot water and decided to shower at work. Ms Brown had not established a pattern or routine of a morning shower at work, and we consider her indulgence a substantial deviation from her employment.

As stated above, the injury occurred on the premises but did not arise out of her employment as this act did not have any relationship to the work she was employed to perform nor was it incidental to her contract of employment. We believe her injury is not covered by the FECA and that the claim should be denied. We have advised Ms Brown that we are controverting her claim.

Your early decision on this claim will be appreciated. If you have any questions, please contact Jane I. Green at 614-522-0001.

Sincerely,

3 Encl

MELVIN A. BROWN

1. CA-1

Injury Compensation Program

2. Supvr Stmt

Administrator

3. Dr Stmt

cc: BBBB-BB (Mary A. Brown)

Figure 810-46. Sample Controversion Letter - Injury Not in Performance of Duty.

FROM: AAAA-BB Date:

SUBJECT: Controversion of FECA Claim - James G. Blue, DOI: January 3, 1994

TO: Office of Workers' Compensation Program

Street Address City, State Zip Code

Dear Claims Examiner:

We are forwarding the enclosed Form CA-2, Notice of Occupational Disease and Claim for Compensation, filed by our employee, James G. Blue, for your adjudication. We cannot concur that Mr. Blue's claim for severe sinus condition is caused by his employment with the US Air Force. Mr. Blue alleges that he works in a dusty, closed-in environment, which causes him to have difficulty in breathing, headaches, and sinus congestion.

Recently taken dust samplings (Encl 2) are well within OSHA standards in the area where he works. The base supply store where he stocks shelves is vacuumed and dusted daily (Encl 3) and the building is equipped with an air conditioning system which filters the air as well as provides a comfortable temperature (Encl 4). Please note that Mr. Blue suffered a sinus condition prior to being employed by the US Air Force (Encl 5).

Mr. Blue's personal statement and the comments submitted by his immediate supervisor are enclosed as required. Please note the discrepancy between Mr. Blue's statements and those of his supervisor concerning the nature and the duration of the claimant's exposure to substances.

Based on all available information concerning Mr. Blue's claim, we do not believe that his sinus condition is casually related to his employment factors. We request your thorough review of this claim based on the evidence submitted in this letter.

Figure 810-47. Sample Controversion Letter - Occupational Disease Not Related to Employment.

If you have any questions, please call me at 614-552-0001.

Sincerely,

MELVIN A. BROWN Injury Compensation Program Administrator

5 Encl

- 1. CA-2 w/Supv & Empl Stmt
- 2. Samplings
- 3. Statement
- 4. Temperature Reading
- 5. Physical

cc: BBBB-BB (Mr. James G. Blue)

Figure 810-47 Continued. Sample Controversion Letter - Occupational Disease Not Related to Employment.